

NH COVID-19 Vaccine Allocation: Consultation with SDMAC

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Agenda



Background

Questions/comments 1



Phase 1a

Questions/comments 2

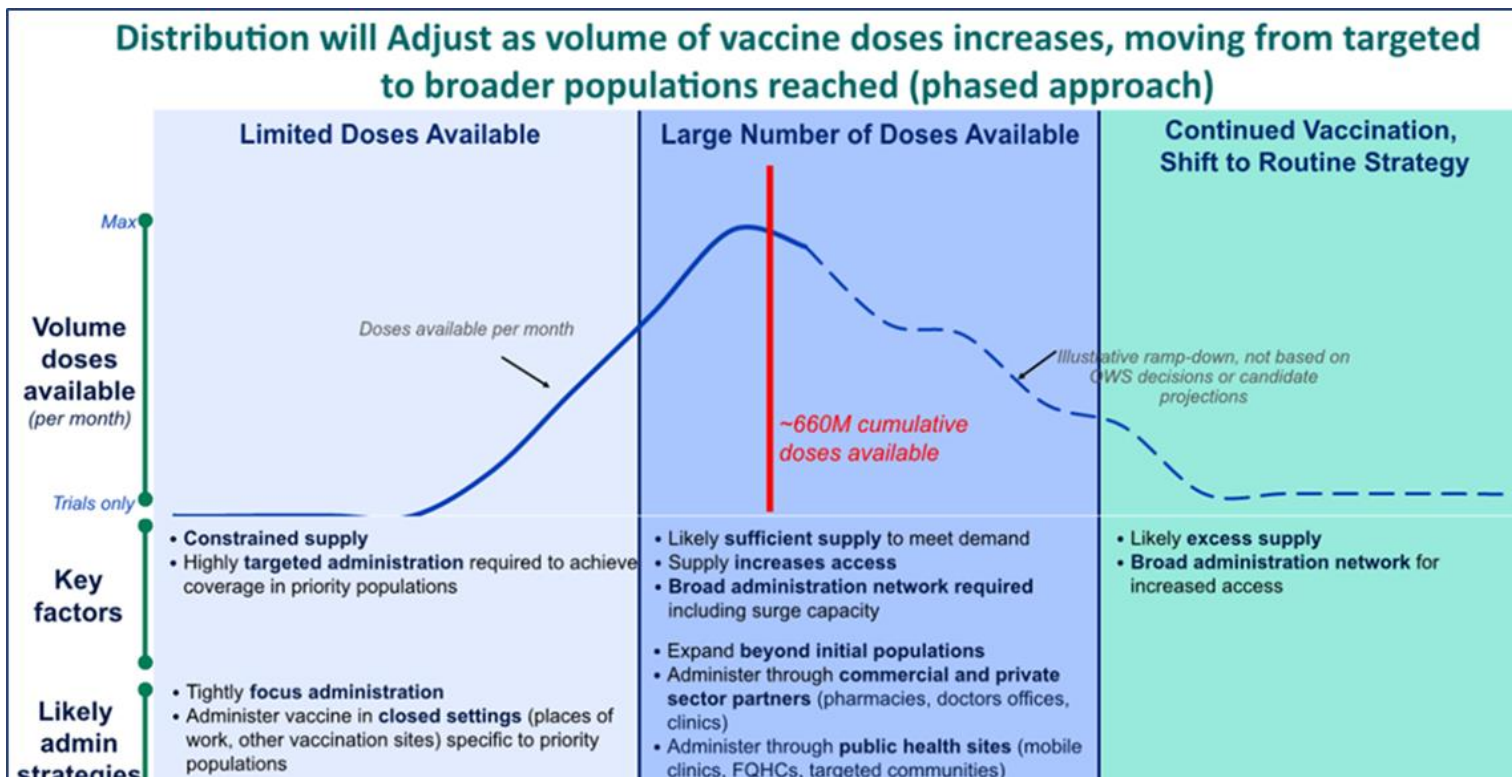


Phase 1b

Questions/comments 3

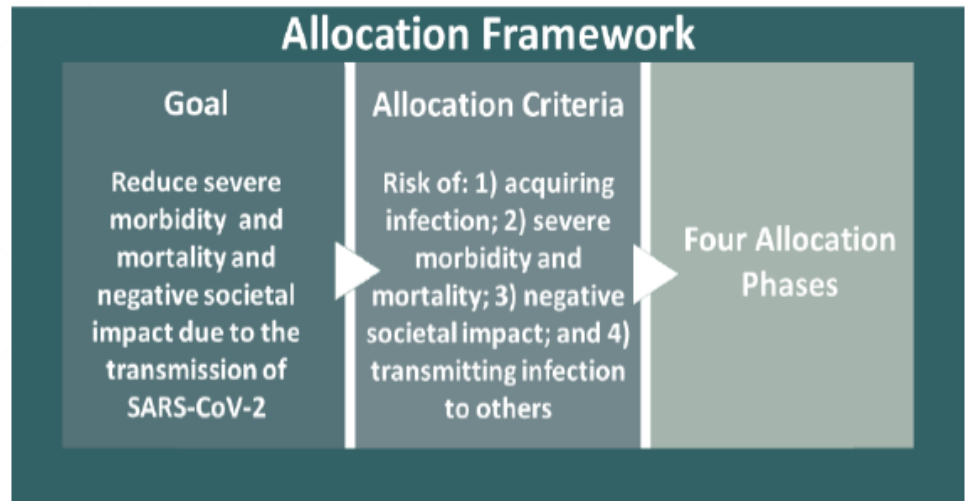
Background

Key Facts About Developing NH's Allocation Plan



Phases of Vaccine Distribution

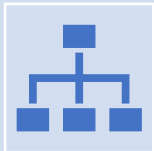
What is NH's vaccine allocation framework?



Guiding Procedural Principles



Fairness requires engagement with the public, particularly those most affected by the pandemic, and impartial decision making about and evenhanded application of allocation criteria and priority categories



Transparency includes the obligation to communicate with the public openly, clearly, accurately, and straightforwardly about the allocation framework as it is being developed, deployed, and modified



Evidence-based expresses the requirement to base the allocation framework, including its goal, criteria, and phases, on the best available and constantly updated scientific information and data

Source: [NASEM](#)

Guiding Ethical Principles

- **Maximum benefit** encompasses the obligation to protect and promote the public's health and its socioeconomic well-being in the short and long term
- **Equal concern** requires that every person be considered and treated as having equal dignity, worth, and value
- **Mitigation of health inequities** includes the obligation to explicitly address the higher burden of COVID-19 experienced by the populations affected most heavily, given their exposure and compounding health inequities

Allocation Process Centered in Equity

- New Hampshire Vaccine Allocation Strategy Branch acknowledges the impact of systemic racism and structural inequities on historically marginalized communities, including and most significantly, communities of color
- Leveraging information and guidance from:
 - National Academy of Sciences Framework for Equitable Allocation of Vaccine for the Novel Coronavirus
 - CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations
 - ACIP recommendations Nov 23 and expected as early as today
 - [NH Hampshire's COVID-19 Equity Response Team](#) for analyses; appropriate community engagement and targeted, culturally responsive messaging
 - State Disaster Medical Advisory Committee

The NASEM Framework for Equitable Allocation of COVID-19 Vaccine

- NASEM formed a [committee](#) to develop an overarching framework for vaccine allocation to assist domestic and global policy makers in planning for equitable allocation of COVID-19 vaccine
 - 18 experts from diverse universities and organizations
- After public comment period, Oct 2 committee published its final report, [Framework for Equitable Allocation of COVID-19 Vaccine](#)

Phase 1

Phase 1a "Jumpstart Phase"

- High-risk health workers
- First responders

Phase 1b

- People of all ages with comorbid and underlying conditions that put them at *significantly higher risk*
- Older adults living in congregate or overcrowded settings

Phase 2

- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at *moderately higher risk*
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- All older adults not included in Phase 1

Phase 3

- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

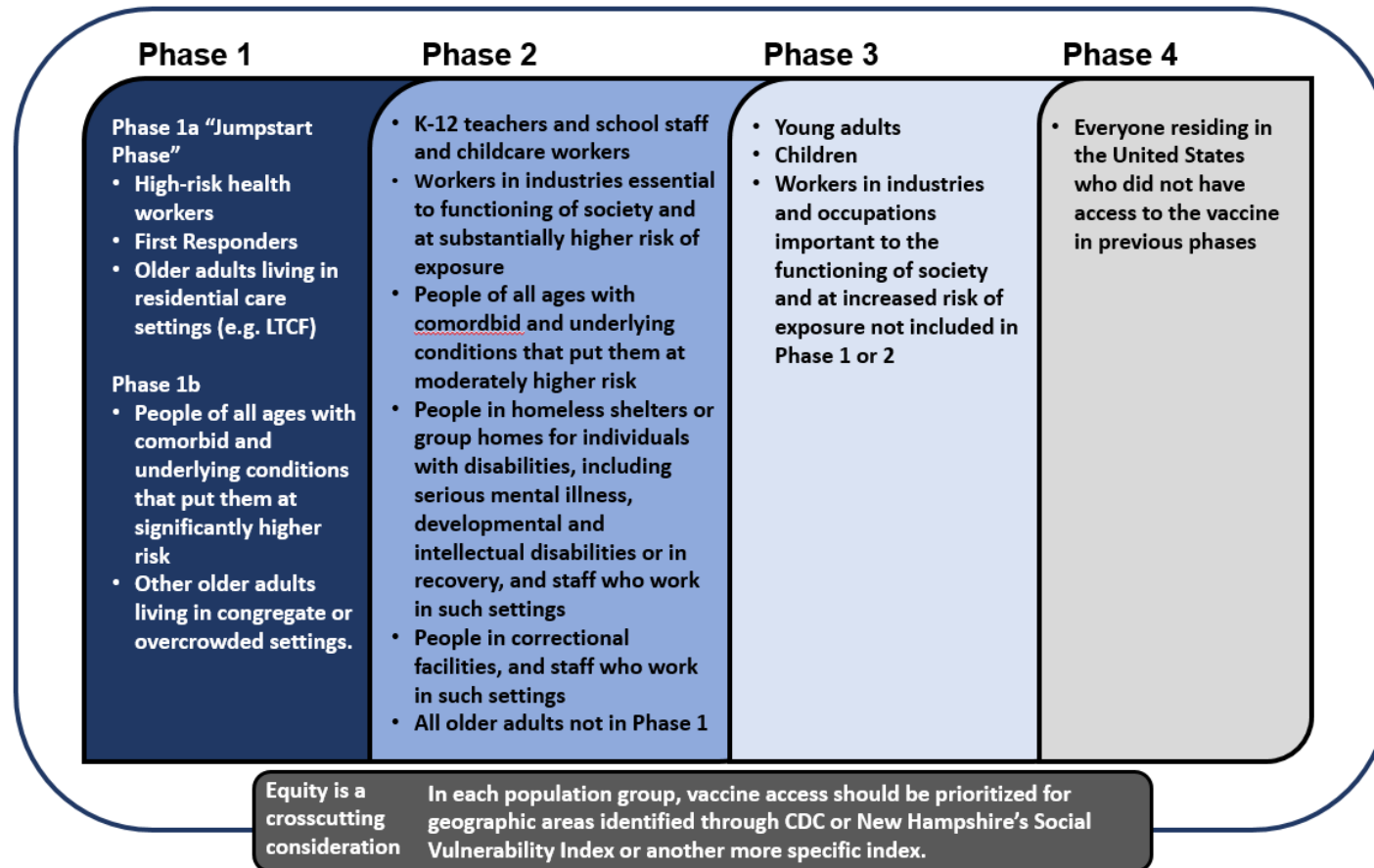
Phase 4

- Everyone residing in the United States who did not have access to the vaccine in previous phases

Equity is a crosscutting consideration:

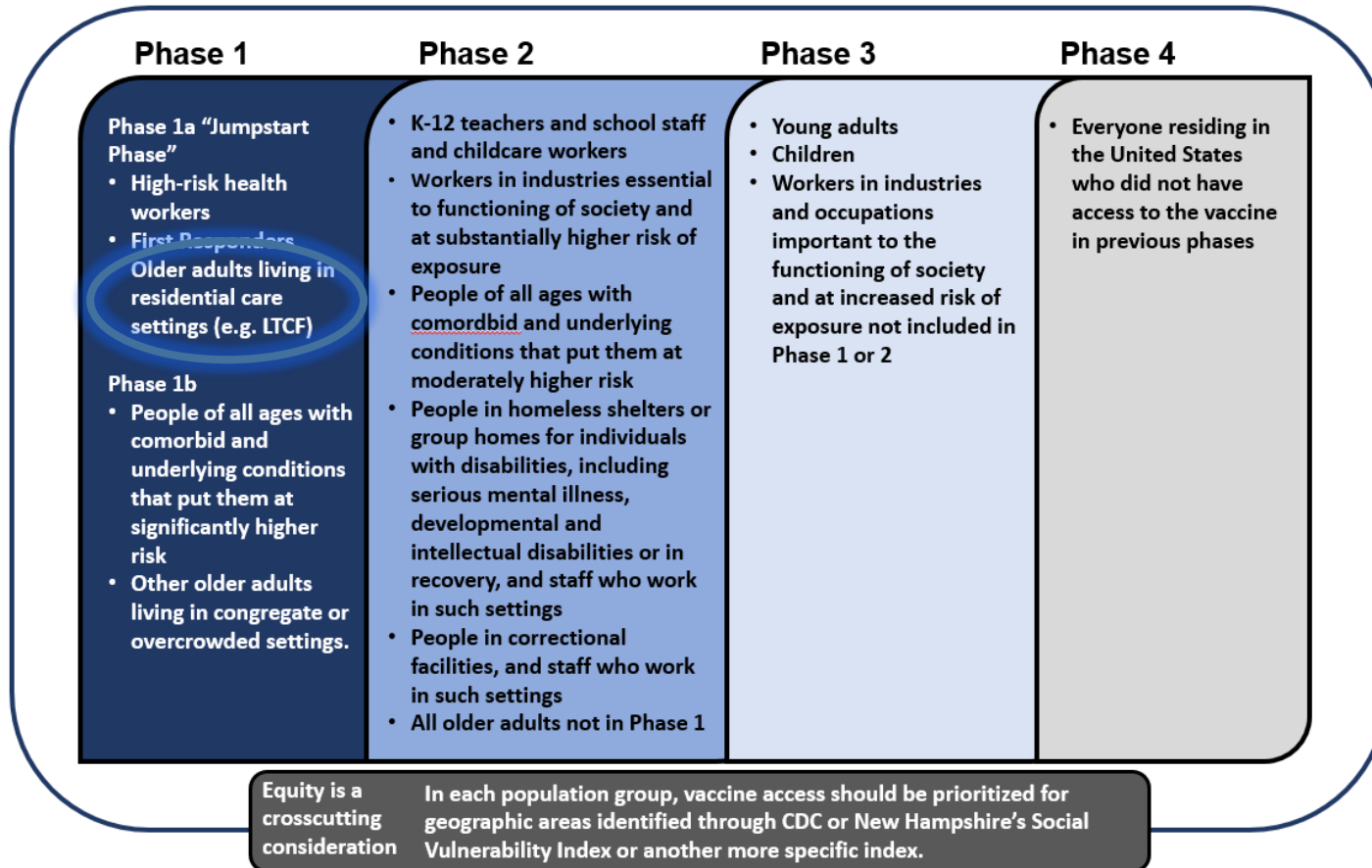
In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.

NH Vaccine Allocation Plan



NH Vaccine Allocation Plan

Closely aligned with NASEM, except
NH elevated “older adults living in residential care settings”



Questions?
Comments?

1

At-Risk Health Workers

Most risk: Front line clinical staff who provide direct patient care and support staff with risk of exposure to bodily fluids or aerosols.

Moderate risk: Staff who have indirect or limited patient contact.

Older Adults in Residential Care Settings

Residents of long term care facilities (LTCF), skilled nursing (SNF), and assisted living facilities (ALF).

First Responders

Fire and EMS: All private, public, and volunteer fire and emergency medical services (EMS) personnel.

Law Enforcement: All certified or sworn law enforcement officers in NH, whether employed full- or part-time.* Includes Federal law enforcement not covered by federal allocation.

COVID-19 Responders: Personnel with the NH COVID response with potential patient (or SARS-CoV2) contact, including laboratorians and specimen collection personnel.

NH
Phase 1a:
Dec 14

*Does not include officers working in correctional facilities, which are included in a later phase.

At-Risk Health Workers in 1a

- Prioritized because
 1. Work in situations where the risk of SARS-CoV-2 transmission is higher, and/or
 2. Are at an elevated risk of transmitting the infection to patients at higher risk of mortality and severe morbidity
- Paid or unpaid health workers
- Clinicians and other workers caring for patients

1a At-Risk Health Workers are in Multiple Settings and Roles

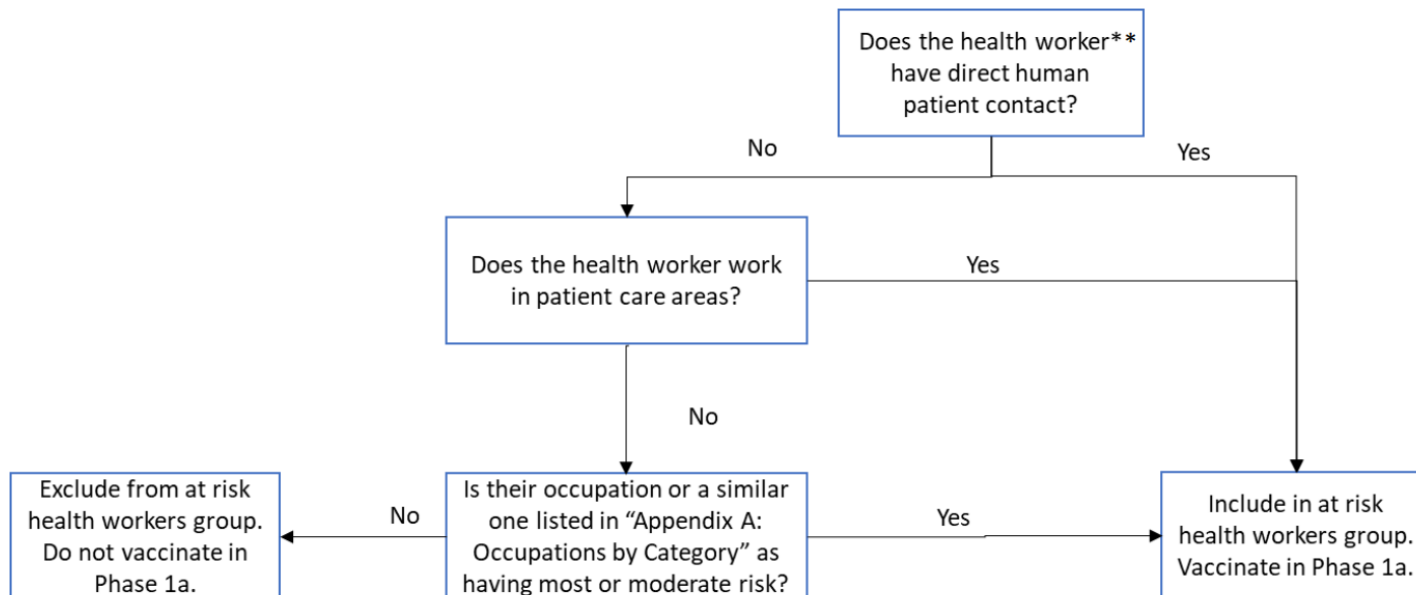
Table 1: Settings in which Phase 1a health workers work

Setting	Roles ¹
Acute, rehabilitation and psychiatric hospitals	Multiple
Ambulatory and urgent care clinics	Multiple
Dialysis centers; blood, organ, and tissue donation facilities	Multiple
Nursing homes, assisted living facilities	Multiple
K-12 schools	School nurse
Home health care	Home health aide, personal care aide, occupational therapist
Funeral services	Embalmer, mortician, funeral director, manager
Retail stores	Pharmacist, pharmacy technician
Corrections facilities	Physician, nurse
Shelter for COVID-19 cases or contacts experiencing homelessness	Staff, transportation provider
Government	Public health nurses / professionals who interact with COVID-19 patients in the community, public health laboratorians, specimen collectors, vaccinators
Group homes for individuals in recovery in which COVID-19 cases are housed	Nurse, other medical staff
Group homes for individuals with high-risk	Nurse, other medical staff

<https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/phase-1a-technical-assistance.pdf>

APPENDIX B: Determining if Workers in Health Care Settings are in Phase 1a

Algorithm to Determine if Workers in Health Care Settings* are in Phase 1a



*Health care settings: These include but are not limited to acute and rehabilitation hospitals; ambulatory and urgent care clinics; dialysis centers; blood, organ, and tissue donation facilities; nursing homes; home care; school nurse offices and other settings (see [Table 1](#)).

**Health worker: Paid or unpaid workers in health care settings who care for patients (i.e., physician, nurse, etc.) or work in areas where patients are located (i.e., environmental services, on-unit clerks). This group will include traditional healthcare workers but also may include other workers who have uncontrolled exposure to patients or the public in the course of their work, including those who distribute or administer the COVID-19 vaccine such as pharmacists, plasma and blood donation workers, and public health nurses and COVID-19 laboratorians, and morticians, funeral home workers and other death care professionals.

Limited Initial Supply for At-Risk Health Workers

- **Most risk:** provide direct patient care and support staff with risk of exposure to bodily fluids or aerosols
 - ED, ICU, urgent care, respiratory therapists, occupational medicine, COVID-19 testing personnel, environmental services staff, security
- **Moderate risk:** indirect or limited patient contact
 - PT/OT, food delivery personnel, clergy, on-unit unit clerks, COVID-19 entry screeners, medical interpreters, patient registration, valet, vaccinators
- **Least risk:** no patient contact but critical to healthcare infrastructure
 - Med records, administration, billing, kitchen staff

Prioritizing the At-Risk

- Administer vaccine to most before moderate risk
- Then prioritize staff based on occupational and personal risk:
 - With high-risk medical conditions (who choose to disclose)
 - Over the age of 65
 - Working on COVID-19 units
 - Providing direct patient care
 - With inadequate PPE
 - Disproportionately affected by COVID-19 such as racial and ethnic minorities
 - Can't telework



Questions?
Comments?

2

Phase 1a "Jumpstart Phase"

- High-risk health workers
- First Responders
- Older adults living in residential care settings (e.g. LTCF)

Phase 1b

- People of all ages with comorbid and underlying conditions that put them at significantly higher risk
- Other older adults living in congregate or overcrowded settings.

- K-12 teachers and school staff and childcare workers
- Workers in industries essential to functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at moderately higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities or in recovery, and staff who work in such settings
- People in correctional facilities, and staff who work in such settings
- All older adults not in Phase 1

- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

- Everyone residing in the United States who did not have access to the vaccine in previous phases

NH Vaccine Allocation Plan: Focus on 1b

Proposed Interim Phase 1 Sequence

	Phase 1c Adults with high-risk medical conditions Adults 65+	
	Phase 1b Essential workers (examples: Education Sector, Food & Agriculture, Utilities, Police, Firefighters, Corrections Officers, Transportation)	
Phase 1a HCP LTCF residents		

ACIP Guidance
Nov 23, 2020

- Dec 10 rec to FDA, Dec 13 expect revised ACIP guidance
- Current deviations
 1. First responders NH1a but ACIP1b
 2. Essential workers NH2 but ACIP1b
 3. High risk med and 65+ NH1b but ACIP1c
 4. Entirety of corrections NH1b but COs ACIP 1b

Phase 1b: The Phase After 1a

ACIP 1b as of Nov 23

- Essential workers
 - Chosen for equity
 - 70% workforce

Current NH 1b

- Corrections
- Medically vulnerable
- 65+
- Workers in defined critical infrastructure industries who cannot telework
 - Chosen for equity and societal function

Final Notes

- Assigning individual risk, not elevating households
- PPP begins W1 with LTCF/SNFs 50-25-25%; then W2 introduce ALFs 50-25-25%
 - Physically affiliated LTCF-SNF-ALFs simultaneous
- Per CDC, ≥ 2 comorbidities for 1b but Downs and intellectual/developmental disability are sufficient single criterion for NH1b
 - Majority are qualified via ≥ 2 comorbidities
 - Not vaccinating live-in household members, but 1a for paid/employed professionals (home health and personal care aids)
 - >1 client so at risk of transmitting

Evidence-Based Strategy for Allocation



Comorbidities as Risk Factors for COVID-19 Mortality Comorbidity Risk Factors in All Age Groups

COVID-19 patients across all age groups had greater odds of dying if they had any of the 15 comorbidities shown in figure 6. All odds ratios (ORs) were statistically significant except for that of endometrial cancer.

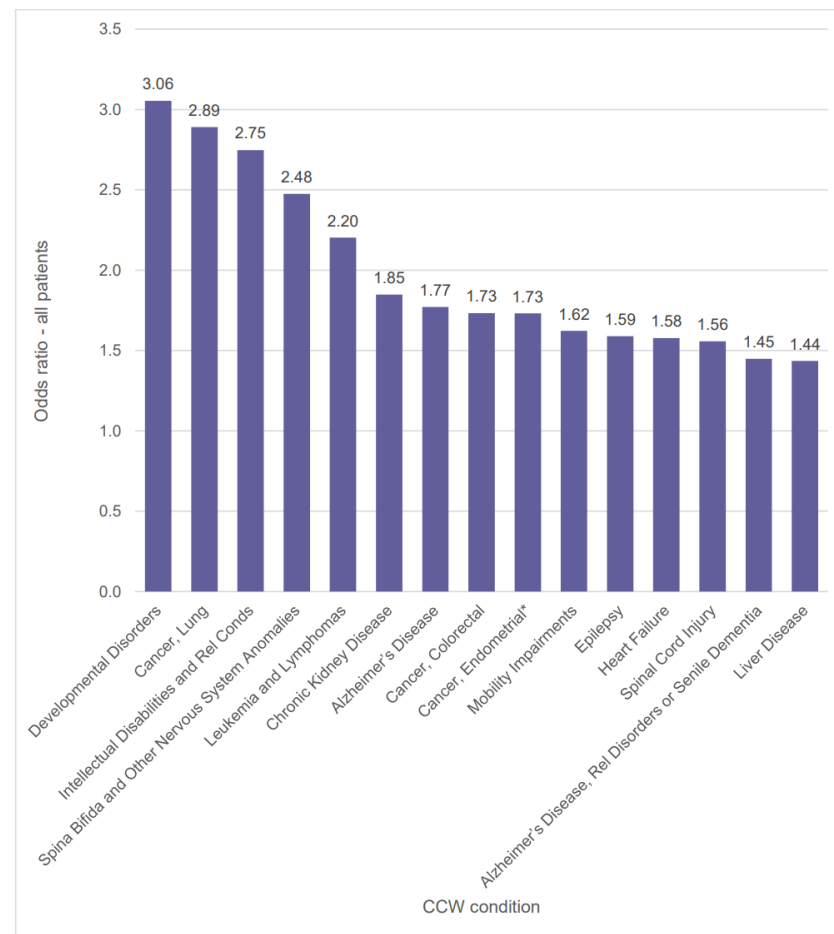


Figure 6. Comorbidity risk factors for COVID-19 mortality, adjusted for age and gender, by odds ratio, all patients, April-August 2020. "Rel" means "Related"; "Conds" means "Conditions."
*Endometrial cancer was not statistically significant.

Questions?
Comments?

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Final Questions?

Thank you on Behalf of VASB and DPHS